

2-10-04
12.3.8v.8

Dangerous Waste Site Identification Form

Site ID



Washington State Department of Ecology
Hazardous Waste Information
P.O. Box 47658
Olympia, WA 98504-7658
(800) 874-2022 (within state)
(360) 407-6170

Web site: www.ecy.wa.gov/programs/hwtr

For Ecology Use Only		Date Received:	
Form	Reviewed	Entered	Verified
Site ID			
GM			
WR			
OI			

1. Reason for Submittal

- ☐ To provide New Notification of Regulated Waste Activity (complete entire form)
- ☐ To provide Revised Site Identification information (complete entire form)
- ☐ To Withdraw Site Identification Number (skip sections 10 and 11)
- ☐ To Reactivate Site Identification Number (complete entire form) Effective Date: _____ (mm/dd/yyyy)
- ☒ A component of the Dangerous Waste Annual Report (skip section 11) Reporting Year: 2003

2. RCRA Site ID Number:

WAD009249616

Site Location Information

Company Name: Ash Grove Cement West Inc.
Site Address: 3801 E MARGINAL WAY S
SEATTLE WA 98134-1113
County: KING
Tax Registration Number: 409016714
NAICS Code: 32731
Type of Business:

Company Name: _____
Site Address: _____
City/State/Zip: _____
County: _____
Tax Registration Number: _____
NAICS Code: _____
Type of Business: _____

Company Mailing Address

Name: Ash Grove Cement Co.
Mail Address: 3801 E MARGINAL WAY S
SEATTLE WA 98134-1113
Country: UNITED STATES

Name: _____
Mail Address: _____
City/State/Zip: _____
Country: _____

Name: Ash Grove Cement Co.
Mail Address: PO Box 25900
SHAWNEE MISSION KS 66225-5900
Phone Number (Ext): (913) 548-6184
Owner Since: 8/8/1996
Owner Type:

Name: _____
Mail Address: _____
City/State/Zip: _____
Phone Number (Ext): _____
Owner Since: 08/09/1986 (mm/dd/yyyy)
Owner Type: ☐ Federal ☐ State ☐ County ☐ Municipal
☐ District ☒ Private ☐ Tribal ☐ Other


Name: Ash Grove Cement Co.
Mail Address: PO Box 25900
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Phone Number (Ext): (913) 548-6184
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Name: _____
Mail Address: _____
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Owner Type: ☐ Federal ☐ State ☐ County ☐ Municipal
☐ District ☒ Private ☐ Tribal Land
☐ Puyallup Trust ☐ Other



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Dangerous Waste Site Identification Form (continued)

Dangerous Waste Site Identification Form		Site ID																								
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SEATTLE WA 98134-1113		City/State/Zip: _____																								
Country: UNITED STATES		Country: _____																								
5a. Contact Person		5b.																								
Name: Ash Grove Cement Co		Name: _____																								
Mail Address: PO Box 25900		Mail Address: _____																								
SHAWNEE MISSION KS 66225-5900		City/State/Zip: _____																								
Phone Number (Ext): (913)548-6184		Phone Number (Ext): _____																								
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6a. Site Owner		6b.																								
Name: Ash Grove Cement Co		Name: _____																								
Mail Address: PO Box 25900		Mail Address: _____																								
SHAWNEE MISSION KS 66225-5900		City/State/Zip: _____																								
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Dangerous Waste Site Identification Form (continued)

Site ID

RCRA Site ID Number: WAD009249616

<p>8a. Site Contact</p> <p>Name: Ash Grove Cement Co</p> <p>Mail Address: PO Box 25900</p> <p>SHAWNEE MISSION KS 66225-5900</p> <p>Phone Number (Ext): (913)548-6184</p> <p>Operator Since: 8/9/96</p> <p>Operator Type:</p>	<p>8b.</p> <p>Name: _____</p> <p>Mail Address: _____</p> <p>City/State/Zip: _____</p> <p>Phone Number (Ext): (____) _____</p> <p>Operator Since: <u>8/9/86</u> (mm/dd/yyyy)</p> <p>Operator Type: <input type="checkbox"/> Federal <input type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> Municipal</p> <p><input type="checkbox"/> District <input checked="" type="checkbox"/> Private <input type="checkbox"/> Tribal <input type="checkbox"/> Other</p>
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<p>9a. Site Contact</p> <p>Name: Gerald Brown</p> <p>Mail Address: 3801 E MARGINAL WAY S</p> <p>SEATTLE WA 98134-1113</p> <p>Phone Number (Ext): (206)623-5596</p> <p>Email Address: _____</p>	<p>9b.</p> <p>Name: _____</p> <p>Mail Address: _____</p> <p>City/State/Zip: _____</p> <p>Phone Number (Ext): (____) _____</p> <p>Email Address: _____</p>
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<p>10a. Form Contact</p> <p>Name: Gerald Brown</p> <p>Mail Address: 3801 E MARGINAL WAY S</p> <p>SEATTLE WA 98134-1113</p> <p>Phone Number (Ext): (206)623-5596</p> <p>Email Address: _____</p>	<p>10b.</p> <p>Name: _____</p> <p>Mail Address: _____</p> <p>City/State/Zip: _____</p> <p>Phone Number (Ext): (____) _____</p> <p>Email Address: _____</p>
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11. Type of Regulated Waste Activity (Mark the appropriate boxes for activities that apply to your site)

A. Hazardous Waste Activities

1. Generator of Hazardous Waste

(Choose only one of the following four categories)

- ☐ a. LQG: Large Quantity Generator (Greater than 2,200 lbs/mo)
- ☒ b. MQG: Medium Quantity Generator (Between 220 - 2,200 lbs/mo)
- ☐ c. SQG: Small Quantity Generator (Less than 220 lbs/mo)
- ☐ d. XQG: No Regulated Waste Generated

2. Frequency of Generation

(Choose only one of the following three types)

- ☐ a. Monthly
- ☐ b. Batch
- ☒ c. One-time only

3. Transporter of Hazardous Waste

- ☐ a. Transport own waste
- ☐ b. Transport for commercial purposes

☐ 4. Recycler of On-Site Waste

(i.e., on-site use, reuse or reclamation of a waste after it has been generated)

- ☐ 5. Transfer Facility of Hazardous Waste
- ☐ 6. Permit-by-Rule (PBR)
- ☐ 7. Treatment-by-Generator (TBG)
- ☐ 8. Generator of Mixed Radioactive Waste
- ☐ 9. Importer of Hazardous Waste

☐ 10. Treatment, Storage, Disposal or Recycling (TS/DR) Facility

(Note: A RCRA Permit is required for this activity)

☐ 11. 24-Hour Recycler of Off-Site Waste

(i.e., Immediate Recycler)

12. Dangerous Waste Fuel Activity

- ☐ a. Generator of dangerous waste fuel
- ☐ b. Generator marketing to burner
- ☐ c. Other marketers (i.e., blender, distributor, etc.)

d. Burner (indicate type of combustion unit)

- ☐ 1. Utility boiler
- ☐ 2. Industrial boiler
- ☐ 3. Industrial furnace

e. Deferrals/Exemptions (in federal registry only)

- ☐ 1. Smelter deferral
- ☐ 2. Small quantity exemption
- ☐ 3. Other (specify): _____

Dangerous Waste Site Identification Form (continued)

Site ID

RCRA Site ID Number: WAD009249616

B. Universal Waste Activities

1. Large Quantity Handler of Universal Waste (Mark all boxes that apply)

	Generate	Accumulate
a. Batteries	<input type="checkbox"/>	<input type="checkbox"/>
b. Mercury containing thermostats	<input type="checkbox"/>	<input type="checkbox"/>
c. Lamps	<input type="checkbox"/>	<input type="checkbox"/>

☐ 2. Destination Facility for Universal Waste (Note: A RCRA Permit is required for this activity)

C. Used Oil Activities

1. Off-specification used oil burner indicate type(s) of combustion devices

- ☐ 1. Utility boiler
- ☐ 2. Industrial boiler
- ☐ 3. Industrial furnace

2. Used oil transporter indicate type(s) of activity(s)

- ☐ a. Transporter
- ☐ b. Transfer facility

3. Used oil processor/re-refiner indicate type(s) of activity(s)

- ☐ a. Process
- ☐ b. Re-refine

4. Used Oil Fuel Marketer

- ☐ a. Directs shipment of used oil to used oil burner
- ☐ b. First claims the used oil meets the specifications

Description of Hazardous Wastes

A. Waste Codes for Federally Regulated Hazardous Wastes: Identify those codes that best describe your waste. (e.g., D001 – Ignitable, D002 – Corrosive, D003 – Reactive, etc.)

B. Waste Codes for State Regulated (i.e., non-Federal) Hazardous Wastes: Identify those codes that best describe your waste. (e.g., WT02 – Toxic, WP02 – Persistent, WL02 – Labpack, WSC2 – Solid Corrosive, etc.)

Comments

Additional sheets may be attached for comments if needed.

Signature

This form cannot be processed without a signature

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature

Gerald J. Brown

Name (print or type)

Date

2/10/2004

Mgr Safety & Env.

Title

If you have special accommodation needs or require this document in an alternative format, please contact the Hazardous Waste and Toxics Reduction Program at 1-800-833-6388 (TTY) or quick dial 711-833-6388 (TTY).

☐ I am interested in the electronic filing of my Dangerous Waste Annual Reporting and Site Identification information to Ecology over the Internet. Ecology will issue a PIN number, along with electronic filing instructions, in a letter addressed to the Form Contact in Section 9 on this form.